

The following services are covered under the Mississippi Medicaid program. Definition, scope, duration, and policies are covered in the appropriate sections. Where items of service are limited to a fiscal year, reference is to the annual period of July 1 through June 30.

Benefit	Limitation	Prior Authorization	Contact for Prior Authorization
Ambulatory Surgical Center services		No	
Chiropractic services	\$700 maximum per fiscal year	No	
Christian Science Sanatoria services			
Dental services Children <ul style="list-style-type: none"> <li>Preventive</li> <li>Diagnostic</li> <li>Restorative</li> <li>Orthodontics</li> <li>Orthodontia</li> </ul> Adults <ul style="list-style-type: none"> <li>Emergency pain relief</li> <li>Palliative care</li> </ul>	<del>Limited to children under 21</del> <del>\$1,200 maximum per fiscal year</del> <del>\$3,200 maximum per fiscal year</del>  <del>For adults, covered for emergency and palliative care only.</del>  <u>Dental</u> <u>\$2,500 maximum per fiscal year- adults and children; additional benefits if prior authorized</u>  <u>Orthodontia</u> <u>\$4,200 maximum per lifetime per child.</u>	Yes If applicable  - See Dental Policy	DOM/MS*
Dialysis (freestanding or hospital-based) Center services		No	
Durable Medical Equipment		Yes	UM/QIO
Emergency Ambulance services	Prior authorization required for Urgent Air Ambulance (Fixed Wing) only.	Yes	DOM/ MS*
EPSDT	Limited to beneficiaries under 21 years of age.	No	
Expanded EPSDT services	Prior authorization required for services not covered, or any service that exceeds service limits.	Yes	DOM/MCH*
Eyeglasses (Vision)	2 pair per fiscal year for children 1 pair every 5 years for adults		
Family Planning services	Applies to physician office visit limit	No	
Federally Qualified Health Center services	Applies to physician office visit limit	No	
Health Department services	Applies to physician office visit limit	No	
Hearing services	Limited to beneficiaries under 21 years of age		
Home Health services	25 visits per fiscal year	Yes	UM/QIO
Hospice	Limited to a diagnosis of 6 months	No	

Benefit	Limitation	Prior Authorization	Contact for Prior Authorization
	or less life expectancy as certified by physician.		
Hospital services <ul style="list-style-type: none"> <li>Inpatient days</li> <li>Outpatient ER visits</li> <li>Swing Bed services</li> </ul>	30 days per fiscal year 6 visits per fiscal year	Yes No Yes	UM/QIO UM/QIO
ICF/MR services		No	
Inpatient psychiatric services	Limited to beneficiaries under 21 years of age	Yes	UM/QIO
Laboratory and X-Ray services		No	
Medical Supplies		Yes	UM/QIO
Mental Health Center services	See Section 15.31	No	
Non-emergency transportation services	Limited to Medicaid covered services only. Excluded if services limits have been exceeded. Excluded if beneficiary has transportation resources.	Yes	DOM/NET*
Nurse Practitioner services	Applies to physician office visit limit	No	
Nursing facility services			
Orthotics & Prosthetics	Limited to beneficiaries under 21 years of age	Yes	UM/QIO
Outpatient PT, OT, ST		Yes	UM/QIO
Pediatric skilled nursing (Private Duty Nursing) services	Limited to beneficiaries under 21 years of age	Yes	UM/QIO
Perinatal High Risk Management services			
Pharmacy Disease Management Services	12 visits per fiscal year	No	
Physician Assistant services	Applies to physician office visit limit	No	
Physician services <ul style="list-style-type: none"> <li>Office &amp; ER visits</li> <li>Psychiatry</li> <li>Hospital inpatient visits</li> <li>Long-term care visits</li> </ul>	12 per fiscal year 12 per fiscal year 30 per fiscal year 36 per fiscal year	No No No No	
Podiatrist services	Applies to physician office visit limit	No	
Prescription drugs	5 per month		
PRTF services	Limited to beneficiaries under 21	Yes	UM/QIO
Rural Health Clinic services	Applies to physician office visit limit	No	
Targeted Case Management services for children with special needs			

**Refer to Section 1.10 in this manual for information on obtaining prior authorizations from HSM.**

\*MS- Medical Services    MCH- Maternal & Child Health    NET- Non-Emergency Transportation  
UM/QIO- Utilization Management/ Quality Improvement Organization